

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

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www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, March 11, 2016

9:30 AM in Room 2E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:38AM by the chair, Rep. Abercrombie. She thanked everyone for being present.

Introductions were made by those in attendance.

II. Kate McEvoy gave an overview of the two part presentation and discussed the responsibility and accountability of DSS. She began the presentation on the Connecticut Medicaid Access Plan (See Attachment).

https://www.cga.ct.gov/med/council/2016/0311/20160311ATTACH_%20Medicaid%20Access%20Plan%20and%20Medicaid%20Medical%20Care%20Advisory%20Committee%20Presentation.pdf

Joel Norwood walked through the requirements from CMS and the Department's implementation.

Ellen Andrews asked several questions including, if slide 5 could display the trend and not just last year's numbers, if everything would be made available for public comment and state funded services and if DSS will be evaluating the impact after a reduction is made. Kate stated that they are looking at other state's access plans. It is anticipated that all of the information will be made public and because of the deadline it would not be realistic to include the state funded services. DSS is required to show are plans refreshed every two years. Kate added that access is continuously monitored. She talked about the reduction in radiology rates and that DSS is not able to substantiate any data that shows negative impacts.

Sen. Gerratana asked if providers will have to participate in this plan and if they could be surveyed. Kate talked about the requirements of federal law and the intent to include providers in

the process. She asked the committee with help in getting the word out. The ASO's have a provider relations unit and Kate discussed the many things in place to monitor provider comments. She reiterated help in promoting the comment period on the access plan.

Sen. Gerratana asked how DSS would be able to follow the access. Joel explained what DSS has been doing for over the past four years with CMS. He talked about the questions they ask. DSS and CMS start with a baseline and then methodologies are and will continue to be developed. Sen. Gerratana asked to have this presented to MAPOC at a future meeting.

Mary Alice Lee asked to follow up on MAPOC and its role. She recommended that there be a representative from MAPOC and BHPOC when developing the plan. Kate thanked Mary Alice for her comments and suggested she talk to leadership about establishing a more affirmative role for the Council.

Tracy Wodatch stated that the Home Health Care providers would be putting in comments. She finds the most important piece is the very experienced providers who are altering how they provide. DSS might not see an access issue but there could be a problem with access to quality and experienced providers. Kate wants the process to be inclusive and finds Tracy's point on elements that may not be measured well taken. She talked about some of what data DSS collects and that they are acutely aware that all of these other features need to be looked at.

Rev. Bonita Grubbs asked of the ways that the opinions and experiences of recipients could be collected. Kate expressed appreciation for her comments and added that the collection of comments is required and aligns with the values of DSS. She talked about several things DSS does including a CHN workgroup that consists of 15 Medicaid recipients, the BHP family advisory committee and the MFP steering committee. Kate finds it is difficult to directly get recipients and providers to MAPOC and that is the specifically who federal regulations say need to be included. This will sit along MAPOC and will be a vehicle for formal Department convened meetings.

Rep. Abercrombie commented that the MAPOC could expand and include the advisory committee. She asked for clarification on when CMS required this to be in effect. Joel Norwood stated that the federal regulations on access are effective Jan 1st. The Care Advisory Committee has been on books for a while. Kate stated that the waivers are not affected by the rule and will not be included in the access plan.

Mary Alice Lee listed some of the active clinicians and those who work with consumers who sit on this committee. Kate agrees and stated that it has been successful but the separate group that advises will have direct participation by consumers. The federal law makes it clear that it is the members themselves. She added that this council has a valuable role and that won't be changed but it will help to have a group for specific meetings that can be held at different times with more flexibility and participation based on a rolling, refreshing membership. Kate hopes the two groups will be well integrated and it would be built into the MAPOC agenda. Mary Alice believes it would be important to have a liaison between the two groups. Dr. Rob Zavoski added that MAPOC has one of the members of the managed care council and everyone who wants to be involved should be involved.

Rod Winstead went through the second half of the presentation on the Medicaid Medical Care Advisory Committee (See p. 24 of the above attachment).

Ellen expressed her hope that the meetings would be open with advanced notice. Kate stated that a formal structure would be set for the committee and she talked about other meetings and the public comment period.

Amy Gagliardi asked if there would be a larger amount of Medicaid members or how the membership would be. Kate discussed there being even participation and that there should be a majority of recipients as members. DSS welcomes comments and suggestions and will rely on the community partners to help broadcast this.

Mary Alice thinks it would be very useful to hear what DSS is currently doing to solicit member input. She questioned if it would be possible to have some sort of meeting with the CHN member advisory workgroup. Kate stated that DSS is ready to provide a report on CAPS and that more details would be presented to the Care Management Committee. She believes that bringing some of the advisory groups together would be a good idea. Rep. Abercrombie acknowledged that everyone agrees to this and it should be put on a future agenda. There was discussion on better ways to use technologies so everyone knows what is going on. Rev. Grubbs stated she would assume that one of the legislators would be involved in the process. Rep. Abercrombie talked about the role and asked Kate for her thoughts. Kate agreed and would talk to the Commissioner.

Kate discussed the DSS response to the Caring Families Coalition and how important communicating to members is. DSS values these advocacy groups and the time they take to share their concerns to us and therefore replied with a detailed response letter. (See attachment).
https://www.cga.ct.gov/med/council/2016/0311/20160311ATTACH_%20DSS%20Information%20Letter%20to%20Caring%20Families%20Coalition%20.pdf

Kate added that as of this week DSS is soliciting a comments period to gather information (RFI) of which the results would be used to issue a request for proposal (RFP) for NEMT. DSS cares about feedback and wants more of it. Kate added that DSS relies on its partners to broadcast what we do have and her hope that we can work together and promote this. Cynthia DelFavero talked about the booklet that is distributed to every new Medicaid member in a welcome packet. Ellen loved the response from DSS and added that it was the first time in her memory that there has been such a detailed response. She discussed the need to talk about how people prepare for the August 1st transition. Rep. Abercrombie agreed and asked to talk about it after the DHP presentation.

III. Chris Savold began the DHP presentation (See attachment).
https://www.cga.ct.gov/med/council/2016/0311/20160311ATTACH_CT%20Dental%20Health%20Partnership%20Presentation.pdf

Marty Milkovic continued the presentation speaking specifically to outreach.

Sen. Gerratana thanked Marty and Chris for their presentation.

Commissioner Ritter commented on the positive information and current work on the over 60 population. She asked if an analysis could be done on that population. Marty stated that the DHP and himself are very active in working towards an older adults collaborative.

Suzanne Lagarde acknowledged Marty and the team and the utilization results being seen because the rates are so much better for children.

Dr. Zavoski acknowledged the dental program and Dr. Balaski who is currently on Medical leave.

Sen. Gerratana commented on the data which shows prevention and outreach works. Marty added that the increase in preventative services has lead to a decrease in other services.

Ellen asked if the Department wanted to walk through the documents distributed on the outreach to Husky A parents. She added that she had provided a tip sheet to DSS. Deb Polun asked for clarification on whether outreach was from DSS or Access Health. Marc Shock and Emanuela Cebert of AHCT laid out the role in outreach and the partnership between the two bodies. DSS is first focused on those losing coverage and if they can qualify for any other Medicaid services. After that, Access Health uses its marketing experience to handle getting those enrolled who do not qualify for other forms of Medicaid. The Department sends out notices urging those currently covered to update information in the Access Health system. Emanuela discussed the postcards sent out that say you should check your coverage. Posters coincide with these postcards and are placed at health centers, hospitals and community centers. Access Health will be making phone calls directly to these people as well as using digital/ social media. We have been in touch and will be having posters. Deb felt that some of the communication may have been ignored last summer because consumers see Access Health and not the Department of Social Services.

Ellen stated that a good number of people will be uninsured based on the first cohort and she is worried about people signing up for things that are scams. She added that it is very important to get people information on the transition to being without health coverage. Emanuela talked about the work with community health centers, town hall meetings and enrollment fairs.

Mary Alice stated that CT Voices for Children is ready to help send out the message. She shared her concern with children who could inadvertently lose coverage because of their parents. Emanuela stated that a sample showed 50 percent of kids still remained on HUSKY and 50 had aged out. Mary Alice suggested it could be a point of concern based on other states. Marc stated that it is a little different because DSS has the capacity to do auto enrollment.

Cynthia DeFavero asked about communication and issues with people hanging up when they call because they don't know who is calling. She suggested that callers use partner groups for specific populations. Marc believed that was a great suggestion and they should say you're calling on behalf of the health plan.

Mary Alice questioned if AHCT would speak at some point on how they are gearing up for this since it is happening outside of the regular enrollment period. Emanuela stated that the call center is budgeted for the max amount and they could do a follow up.

Sen. Gerratana thanked them for the information provided.

IV. Subcommittee Report (See Attachment)

https://www.cga.ct.gov/med/council/2016/0311/20160311ATTACH_February%20-%20March%20Subcommittee%20Repot.pdf

Sen. Gerratana listed who would not be in attendance.

Christine Bianchi asked Deb to read an update on the Consumer Access Subcommittee.

Rep. Johnson stated when the Complex Care Committee would be meeting and what would be discussed. Ellen Andrews is the new co-chair, replacing Sheila Amdur. Ellen discussed some of the other issues that would be looked into and ongoing conversations about ways to integrate meetings.

Kate thanked the Chairs and the clerk for facilitating the Medicaid forum and helping to get information out. She discussed her conversations with other states and the Medicaid reform partnership with legislative leaders that is important for CT. Kate added that while everyone may not always agree, it is very important to have the dialogue and transparency that enables our State to accomplish things. Rep. Abercrombie felt her colleagues were very impressed by the amount of positive information from the informational forum and pride in our state's Medicaid program. She agreed that open dialogue is so important. Rep. Abercrombie thanked DSS for all the work they do and the challenges and the willingness to show up and talk. She also thanked the advocates for their work. Sen. Gerratana thanked Rep. Abercrombie and the ability to have open discussions from a variety of perspectives.

V. There will be no meeting held in April.

The meeting was adjourned at 11:54AM.

The next meeting will be held on Friday, May 13, 2016 at 9:30 AM

Richard Eighme
Council Clerk